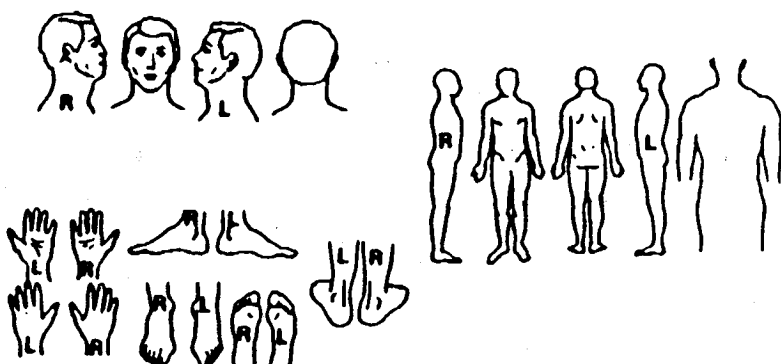


MEDICAL VISUAL INFORMATION SUPPORT REQUEST	1. WORK ORDER NUMBER	2. PRIORITY				
	3. DATE/TIME RECEIVED	4. DATE/TIME REQUIRED				
I CUSTOMER REQUEST SECTION (Requester completes only information within the bold outline in Part I) THIS SUPPORT IS REQUIRED FOR OFFICIAL BUSINESS AND IS FOR OFFICIAL USE ONLY						
5. REQUESTERS NAME/GRADE/OFFICE SYMBOL/PHONE		6. SIGNATURE				
7. CLASSIFICATION	8. CLASSIFIED BY (Authority)	9. DOWNGRADING SCHEDULE				
10. TYPE SUPPORT REQUIRED (a) <input type="checkbox"/> PHOTOGRAPHY (b) <input type="checkbox"/> GRAPHICS (c) <input type="checkbox"/> SELF-HELP (d) <input type="checkbox"/> OTHER						
11. DESCRIPTION AND/OR SPECIAL INSTRUCTIONS: (Coordination Required, Location, Time/Date, Transportation, etc.)						
12. PURPOSE (How will the product be used - when and where)						
13. MATERIALS/ORIGINALS FURNISHED BY REQUESTER: (a) <input type="checkbox"/> RETURN (b) <input type="checkbox"/> RETAIN (c) <input type="checkbox"/> DESTROY						
CONSENT						
<p>I UNDERSTAND THAT PHOTOGRAPHIC PRODUCTS PRODUCED OR PROCESSED BY MEDICAL PHOTOGRAPHY ARE THE PROPERTY OF THE USAF. APPROVAL FOR RELEASE OF PHOTOGRAPHIC MATERIAL MUST BE OBTAINED FROM PUBLIC AFFAIRS/CIF. I UNDERSTAND REPRODUCTION OF COPYRIGHTED MATERIAL WITHOUT WRITTEN PERMISSION OF THE COPYRIGHT HOLDER IS A VIOLATION OF AFR 700-32, VOL II, PARA 11C OTHER THAN AS DEFINED UNDER THE 'FAIR USE' DOCTRINE OF AFR 110.8.</p> <div style="text-align: center;">  </div>						
SIGNATURE OF PHYSICIAN _____						
II INTERNAL INSTRUCTIONS						
ORIGINALS DISPOSITION (a) <input type="checkbox"/> AFR 700-32, VOL VI (b) <input type="checkbox"/> RETURN TO CUSTOMER (c) <input type="checkbox"/> SILVER RECOVERY (d) <input type="checkbox"/> DESTROY (e) <input type="checkbox"/> FILE NO. _____						
(a) TASK DESCRIPTION	(b) PERFORMED BY	(c) HOURS	(a) MATERIALS USED	(b) UNITS	(c) COST EACH	(d) TOTAL COST
2. DATE/TIME COMPLETED		3. QUALITY CONTROLLED BY				
4. PERSON NOTIFIED			5. NOTIFIED BY		6. DATE/TIME NOTIFIED	
THIS SECTION COMPLETED AFTER TASK ACCOMPLISHMENT						
7. ACCEPTED BY (Name and Grade)			8. SIGNATURE			
9. ORGANIZATION/OFFICE SYMBOL/PHONE NUMBER			10. DATE/TIME			

III STILL PHOTOGRAPHIC LABORATORY (FAC 3272)						
1. ASSIGNMENT	(a) <input type="checkbox"/> STUDIO	(b) <input type="checkbox"/> COPY	(c) <input type="checkbox"/> LOCATION	(d) <input type="checkbox"/> ALERT	(e) <input type="checkbox"/> SELF-HELP	TOTAL
2. BLACK AND WHITE EXPOSURE	(a)	(b)	(c)	(d)	(e)	(f)
3. COLOR EXPOSURES	(a)	(b)	(c)	(d)	(e)	(f)
FILM PROCESSED	MANUAL			AUTOMATED		
	ROLLS	SHEETS	FEET (ADR)	ROLLS	SHEETS	FEET (ADR)
4. BLACK AND WHITE	(a)	(b)	(c)	(d)	(e)	(f)
5. COLOR	(a)	(b)	(c)	(d)	(e)	(f)
PRODUCTS DELIVERED	MANUAL			AUTOMATED		
	SLIDES	PRINTS	CONTACT PRINTS	SLIDES	PRINTS	CONTACT PRINTS
6. BLACK AND WHITE	(a)	(b)	(c)	(d)	(e)	(f)
7. COLOR	(a)	(b)	(c)	(d)	(e)	(f)
NAME OF PATIENT OR SUBJECT			AGE	SEX	GRADE	SSN
PATIENT RELEASE OR PARENT/GUARDIAN RELEASE FOR MINOR CHILD						
<p>I, _____ on my own behalf or on behalf of my minor child, or as guardian of a</p> <p>minor child named _____</p> <p>hereby authorize the United States Air Force, and all individuals acting pursuant to its authority, to photograph, and or radiograph (x-ray) the body of my said child or ward, and or video tape, audio tape, film and photograph their participation and appearance and to exhibit or distribute such recordings, photographs or radiographs in whole or part without restriction or limitation for any official purpose, including but not limited to medical education, which the United States Air Force, or these acting pursuant to its authority, deem appropriate and necessary.</p> <p>Signed this the _____ day of _____ 19 _____</p>						
SIGNATURE OF RELEASER			SIGNATURE OF WITNESS			
ADDRESS OF RELEASER					DATE	